IPDR6702 RUN DATE:	: 02/07/2005		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
				ECKWRITE DATE: 02/08/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	6033	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY,	,	6179	6179	0
				PLEASE CHECK FOR CLAIM ON	_	0173	0173	
				FUTURE RA'S.				
		11	36	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404904		8599	1799	DETAIL NOT COVERED BY COMBINAT				
3101301	WESTERN HIGHLAN DS LME	0333	1,33	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	1056	DUPLICATE OF CLAIM-SYSTEM				
		21	1056	DUPLICATE OF CLAIM-SYSTEM	206	4832	13066	8234
		8517	534	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
		+		THROUGH APRIL DOS MUST BE SUBM				
			<u> </u>					
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0			0	0	0
3404910	PATHWAYS	8505	1341	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				N1 200011				
		8599	777	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13	3367	8027	4660
				BENEFIT PACKAGE.				
		11	622	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	11	33	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT	+		DATE		-		
		+						
		8599	3	DETAIL NOT COVERED BY COMBINAT	0	36	280	244
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				SAME II FACAGE.				1
3404913	MECKLENBURG COM	8329	985	CLAIM DENIED ATTENDING PROVIDE				
	ENTAL HEALT			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	783	DETAIL NOT COVERED BY COMBINAT	0	2167	10298	8131
				ION OF RECIPIENT, PROVIDER AND		2207		
				BENEFIT PACKAGE.				
		11	227	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404916	CROSSROADS BEHA	11	5	CLIENT NOT ELIGIBLE ON SERVICE				
	CROSSROADS BEHA VIORAL HEAL	+		DATE				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
		0,7,1	7	RVICES IN IPRS.	5	11	556	528
			+		1			
		22	1	SERVICE PROMINES BRYON ASSESSMENT				
		23	1	SERVICE REQUIRES PRIOR APPROVA				
		23	1	SERVICE REQUIRES PRIOR APPROVA L				

ppour	1	HTAN PROFIT	AHIMPER -				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8599	337	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	271	CLIENT NOT ELIGIBLE ON SERVICE	193	1121	8016	6895
				DATE				
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M	11	196	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	98	DETAIL NOT COVERED BY COMBINAT	83	537	2192	1655
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	70	CLAIM DENIED DUE TO INSUFFICIE				
	1		1	NT BUDGET				
	+							
3404919	GUILFORD CO MEN	8599	270	DETAIL NOT COVERED BY COMBINAT	1	1		
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	91	DIAGNOSIS OR SERVICE INVALID F	108	716	8098	7382
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
		191	80	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8505	3974	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	137	DETAIL NOT COVERED BY COMBINAT		4206	64.05	
		0333	137	ION OF RECIPIENT, PROVIDER AND	13	4386	6135	1749
				BENEFIT PACKAGE.				
		21	68	DUPLICATE OF CLAIM-SYSTEM				
3404921		5312	6795	PRIOR AUTHORIZED DOLLARS EXCEE				
3101322	ORANGE PERSON C HATHAM AREA	3311	0.33	DED				
	NATHAM AREA							
		8599	333	DETAIL NOT COVERED BY COMBINAT	75	7916	14896	6980
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	224	DUDY YOUND OF CLAIM OVERTIME				
	+	21	234	DUPLICATE OF CLAIM-SYSTEM				
	+							
	+			+				
3404922	THE DURHAM CENT	21	455	DUPLICATE OF CLAIM-SYSTEM				
	ER							
	1							
		-	104					
	1	11	104	CLIENT NOT ELIGIBLE ON SERVICE	0	773	2006	1233
	1		-	DATE				
	+		1	+	1	1		
	1	8599	89	DETAIL NOT COVERED BY COMBINAT	+			
	1			ION OF RECIPIENT, PROVIDER AND				
	<u> </u>		1	BENEFIT PACKAGE.		<u> </u>		
3404923	VGFW AREA AUTHO	11	77	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
	1		1	+		1		
	1	8599	32	DETAIL NOT COVERED BY COMBINAT			200	0.7.
	+			ION OF RECIPIENT, PROVIDER AND	1 0	162	3035	2785
	+			BENEFIT PACKAGE.				
	+			+				
				1				+
		191	22	CLIENT ID NUMBER DOES NOT MATC				
		191	22	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		191	22					

	Т	Т	1		II.			1
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-			
3404925	SANDHILLS CENTE	21	16162	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	1842	DETAIL NOT COVERED BY COMBINAT	729	19698	34905	15207
				ION OF RECIPIENT, PROVIDER AND	129	19090	34903	13207
				BENEFIT PACKAGE.				
		8931	400	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	-							
3404926	SOUTHEASTERN RE	8599	3108	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	539	CLIENT NOT ELIGIBLE ON SERVICE DATE	74	4188	7650	3462
				DATE				
		143	199	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404927	 	8599	1930	DETAIL NOT COVERED BY COMBINAT				
J-10432 /	CUMBERLAND CO M	0033	2,300	ION OF RECIPIENT, PROVIDER AND				
	III.			BENEFIT PACKAGE.				
	†							
		8505	741	CLAIM DENIED DUE TO INSUFFICIE	1	2864	3618	754
				NT BUDGET				
		8800	68	FURTHER PROCESSING NECESSARY,				
		0000	00	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	LEE HARNETT MH/	8329	46	CLAIM DENIED ATTENDING PROVIDE				
	DD/SAS			R CANNOT BE THE SAME AS				
				THE LMA				
		11	24	CLIENT NOT ELIGIBLE ON SERVICE		120	4204	40.40
			24	DATE	0	138	4321	4146
		8517	19	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY	8931	70	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8935	34	ASTNC INELIGIBLE TO RECEIVE SE	114	153	3980	3827
				RVICES IN IPRS.				
		8599	26	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	8599	1948	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	+		- AMONION .				
	-	11	889	CLIENT NOT ELIGIBLE ON SERVICE	88	5201	57238	51651
				DATE		3201	2.230	
	<u> </u>	101	E 1 2	CLIPPE TO MUNICIPE POSS MAN AND AND AND AND AND AND AND AND AND A				
		191	513	CLIENT ID NUMBER DOES NOT MATC				
		 		H PATIENT NAME				
	 	 						
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
	+	1						
		n		İ	0	0	0	0
		0	0					1
		0	0					
3404933	SOUTHEASTERN CT	21	82	DUPLICATE OF CLAIM-SYSTEM				
	SOUTHEASTERN CT R FOR MH/DD	21	82	DUPLICATE OF CLAIM-SYSTEM				
		21	82	DUPLICATE OF CLAIM-SYSTEM				
			82					
		21 8329	82	CLAIM DENIED ATTENDING PROVIDE	22	540	7221	6681
			82	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	22	540	7221	6681
			73	CLAIM DENIED ATTENDING PROVIDE	22	540	7221	6681
			73	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	22	540	7221	6681
		8329		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	22	540	7221	6681
		8329		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA TOTAL BILLED DOES NOT EQUAL TH	22	540	7221	6681

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404024		0.0	70					
3404934	ONSLOW COUNTY B	21	72	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
	+	11	65	CLIENT NOT ELIGIBLE ON SERVICE	14	325	2861	2536
	+			DATE		323	2002	2001
		8599	54	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404025			0					
3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	+							
	=	0	0		0	0	0	(
							-	
3404936	WILSON-GREENE M	11	31	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
	+	21	24	DUPLICATE OF CLAIM-SYSTEM	16	99	2234	213
	+		—					-
		+	 					
	+	8621	15	60 RESIDENTIAL LEVEL III TREAT				
	+		 	MENT RECEIVED, PA IS REQUIRED				
	+			FOR ADDITIONAL SERVICE.				
	1		1					
3404937	EDGECOMBE NASH	191	34	CLIENT ID NUMBER DOES NOT MATC				
	MNTL HLTH C			H PATIENT NAME				
		8505	28	CLAIM DENIED DUE TO INSUFFICIE	2	93	2703	2610
				NT BUDGET				
	-	8599	16	DETAIL NOT COVERED BY COMBINAT				
		0333		ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
	+							
3404938	VGFW DBA RIVERS	24	21	PROCEDURE CODE, PROCEDURE/MODI				
	TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	10	38	1466	1428
				RVICES IN IPRS.				
	+	8932	4	CMTNC INELIGIBLE TO RECEIVE SE				
	-	0932	ч	RVICES IN IPRS.				
	+			101010 10 1110.				
	+							
3404939	NEUSE MENTAL HE	8599	470	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	224	SEVERE DUPLICATE: SAME ATTD PR	1	992	2976	1984
				OV/PCODE/TOS/DOS/MOD				
		ļ	ļ					
	+	11	154	CLIENT NOT ELIGIBLE ON SERVICE				
	+	-		DATE				
	+		 					
	+							
3404941	PITT CO MH/DD/S	8599	194	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	187	CLAIM DENIED ATTENDING PROVIDE	28	697	2600	1903
		ļ	ļ	R CANNOT BE THE SAME AS				
	+	1	1	THE LMA		1		
	+	11	99	CLIENT NOT ELIGIBLE ON SERVICE				-
	+	<u> </u>	1	DATE				-
	+		 					
	+							
	ROANOKE CHOWANH	21	217	DUPLICATE OF CLAIM-SYSTEM				
3404942								
3404942	UMAN SERVIC		1					
3404942								
3404942								
3404942		8599	39	DETAIL NOT COVERED BY COMBINAT	4.0	328	2568	224
3404942		8599	39	ION OF RECIPIENT, PROVIDER AND	4.0	328	2568	224
3404942		8599	39		40	328	2568	224
3404942				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	328	2568	2240
3404942		8599 8931	39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	40	328	2568	224
3404942				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	328	2568	2240

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404943		21	582	DUPLICATE OF CLAIM-SYSTEM				
	ALBEMARLE MENTA							
	L HEALTH CE							
		11	67	CLIENT NOT ELIGIBLE ON SERVICE				
		11	07	DATE	36	844	2309	1465
				DATE				
		191	40	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	21	408	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	94	DETAIL NOT COVERED BY COMBINAT	66	658	6401	5743
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	61	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404946	FOOTHILLS AREAM	21	571	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
	ENIAL REALI							
		8599	311	DETAIL NOT COVERED BY COMBINAT				
		0399	311	ION OF RECIPIENT, PROVIDER AND	101	1441	9058	7617
				BENEFIT PACKAGE.				
		8517	132	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404957	TIDELAND MENTAL	8599	178	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	24	60 RESIDENTIAL LEVEL III TREAT	16	218	4953	4735
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
								l
3404979	NEW RIVER AREAM	8505	219	CLAIM DENIED DUE TO INSUFFICIE				-
			1	NT BUDGET	I			
	H/DD/SA PRO	1	1	* *	I			
			-		-			-
		11	197	CLIENT NOT ELIGIBLE ON SERVICE	-			
		11	191	DATE	10	475	1097	622
				DATE				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND		1	1	1
				BENEFIT PACKAGE.				